

Fill in this information to identify your case:

Debtor 1	Mickael Anthony Allen		
	First Name	Middle Name	Last Name
Debtor 2	Sara Delsina Allen		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: <u>NORTHERN DISTRICT OF ILLINOIS</u>			
Case number _____ (if known)			

☐ Check if this an amended filing

B 103A

Application for Individuals to Pay the Filing Fee in Installments

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information.

Part 1: Specify Your Proposed Payment Timetable

1. Which chapter of the Bankruptcy Code are you choosing to file under?

- ☒ Chapter 7
☐ Chapter 11
☐ Chapter 12
☐ Chapter 13

2. You may apply to pay the filing fee in up to four installments. Fill in the amounts you propose to pay and the dates you plan to pay them. Be sure all dates are business days. Then add the payments you propose to pay.

You propose to pay...

\$ 335.00

☐ With the filing of the petition

☒ On or before this date.....

11/11/17

MM / DD/ YYYY

You must propose to pay the entire fee no later than 120 days after you file this bankruptcy case. If the court approves your application, the court will set your final payment timetable.

\$ _____

On or before this date.....

12/11/17

MM / DD/ YYYY

\$ _____

On or before this date.....

1/10/18

MM / DD/ YYYY

+ \$ _____

On or before this date.....

2/09/18

MM / DD/ YYYY

Total

\$ 335.00

Your total must equal the entire fee for the chapter you checked in line 1.

Part 2: Sign Below

By signing here, you state that you are unable to pay the full filing fee at once, that you want to pay the fee in installments, and that you understand that:

- You must pay your entire filing fee before you make any more payments or transfer any more property to an attorney, bankruptcy petition preparer, or anyone else for services in connection with your bankruptcy case.
- You must pay the entire fee no later than 120 days after you first file for bankruptcy, unless the court later extends your deadline. Your debts will not be discharged until your entire fee is paid.
- If you do not make any payment when it is due, your bankruptcy case may be dismissed, and your rights in other bankruptcy proceedings may be affected.

X /s/ Mickael Anthony Allen

Mickael Anthony Allen
Signature of Debtor 1

X /s/ Sara Delsina Allen

Sara Delsina Allen
Signature of Debtor 2

X /s/ S. M. de Rath, Esq.

S. M. de Rath, Esq. 6206809

Your attorney's name and signature, if you used one

Date October 12, 2017

MM / DD / YYYY

Date October 12, 2017

MM / DD / YYYY

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Case number (if known) _____			
Chapter filing under:			
<input checked="" type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 11 <input type="checkbox"/> Chapter 12 <input type="checkbox"/> Chapter 13			

Order Approving Payment of Filing Fee in Installments

After considering the *Application for Individuals to Pay the Filing Fee in Installments* (Official Form 103A), the court orders that:

- ☐ The debtor(s) may pay the filing fee in installments on the terms proposed in the application.
- ☐ The debtor(s) must pay the filing fee according to the following terms:

<u>You must pay...</u>	<u>On or before this date...</u>
\$ _____	_____ Month / day / year
\$ _____	_____ Month / day / year
\$ _____	_____ Month / day / year
+ \$ _____	_____ Month / day / year
Total \$ _____	

Until the filing fee is paid in full, the debtor(s) must not make any additional payment or transfer any additional property to an attorney or to anyone else for services in connection with this case.

Month / day / year

By the court: _____
United States Bankruptcy Judge

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First Name Middle Name Last Name
Debtor 2 **Sara Delsina Allen**
(Spouse if, filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: **NORTHERN DISTRICT OF ILLINOIS**

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X **/s/ Mickael Anthony Allen**
Mickael Anthony Allen
Signature of Debtor 1

X **/s/ Sara Delsina Allen**
Sara Delsina Allen
Signature of Debtor 2

X **/s/ S. M. de Rath, Esq.**
S. M. de Rath, Esq. 6206809
Your attorney's name and signature, if you used one

Date **October 12, 2017**
MM / DD / YYYY

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